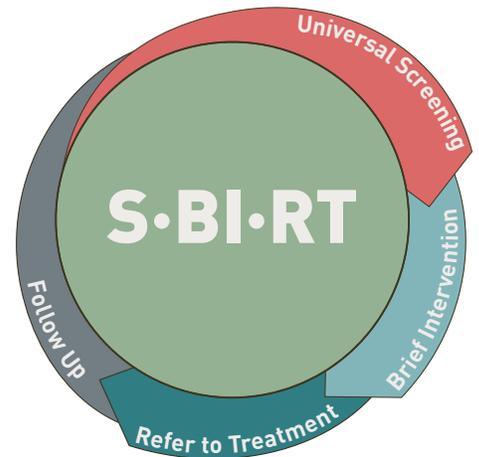


BRIEF INTERVENTION: Youth Brief Intervention

The term brief intervention, in the context of S•BI•RT, encompasses a number of other approaches ranging from positive reinforcement to brief treatment.



Positive Reinforcement

When a youth screen is negative for use, positive reinforcement is a crucial opportunity. It can be as simple for younger adolescents as “I see that you report not using any alcohol or other drugs. Most people your age do not and I’m really glad to see you are making this choice for your health and safety.” This is a unique prevention opportunity and is a key benefit of the S•BI•RT approach.

Brief Advice

When a person screens positive, a conversation with their healthcare provider is the next step. When the screen is positive but the patient’s *use is infrequent and without substance use disorder diagnosis*, brief advice is warranted. This very quick follow up acknowledges the positive screen, explains the risks to the developing brain, advises against further use, and facilitates development of strategies to support abstinence.

Brief Intervention

When the screening indicates *risky use, drinking or using other drugs once per month or more*, a brief intervention is indicated. Practitioners are trained to engage in a different kind of conversation using simple motivational interviewing techniques. When the use is not severe the goal of the conversation is to increase awareness of problematic substance use, encourage reduction in use, and changes to risk behavior. *Severe substance use, characterized in adolescents as using weekly or more frequently*, often necessitates a referral to further assessment and treatment. The brief intervention conversation is required to engage the patient in the decision to participate in further assessment and to actively facilitate a successful referral to treatment. This may take several follow up interactions and often necessitates parental engagement – with the youth’s permission when at all possible.



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YOUTH BRIEF INTERVENTION: Example

Build Rapport

I have reviewed your answers to the questions regarding alcohol and other drug use. Would you mind taking a few minutes to talk with me about your use of ___? Before we start, can you tell me a little bit about a day in your life? Where does your ___ use fit in?

Pros/Cons of Use

I don't think you would have continued using ___ if there weren't some good things about it. Help me understand the good things about using ___ What are some of the not so good things? So I understand that your use of ___ has some positives for you – *summarize pros* – and on the other hand it is also has some cons – *summarize cons*.

Feedback

I have some information about ___ and the health and safety impacts of using before age ___ that I'd like to share with you, is that okay? (share) What do you think?

Readiness to Change

On a scale from 1 to 10, with 1 being not at all ready and 10 being completely ready, how ready are you to make changes in your ___ use? Thank you. This is great; you are ___% ready to make a change. Can you tell me why you choose ___ and not a 1 or a 2? These are important reasons for making a change.

What are some steps you could take to move toward that change? What do you think you can do to stay health and safe? Do you have family or other adults that have helped you with challenges in the past? Friends? Could ___ support you in making these changes?

Prescription for Change

So let's talk about the steps you are willing to take to change ___? So you agree to ___? Great, I'm going to write you a prescription for that change. It sounds like – *family and friend* – have been supportive of you making a change as well; other patients have found that sharing their prescription has been very helpful in making positive changes. You said your – *mom* – is one of your supports and she is here with you today. Can we talk with her about your prescription? I'd also like to talk to you again in – *timeframe* – to check in on how it's going.

This example is based on the Brief Negotiated Interview and Active Referral to Treatment Provider Training Algorithm from the BNI-ART, Boston University School of Public Health. It is meant to be an example only and not a script to follow for brief interventions. Provider training in brief interventions and motivational interviewing are key components to success.



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